

## UTAH DEPARTMENT OF HEALTH, TB Control/Refugee Health Program, Monthly TB Activity Report

### Instructions:

[Part I. is for people who had a positive TB skin test that was read at the health department. Part II. is for people who had a positive skin test read somewhere besides the health department.]

For Parts I or II, people need to be categorized into one of three categories, A. Med Risk, B. Pop Risk, or C.

### Administrative:

A. Medical Risk. This is for people who have medical conditions that place them at greater risk than the general population for developing active TB disease.

#### Conditions that are categorized as a Medical Risk:

- HIV infection (with or without a diagnosis of AIDS)
- Tuberculin skin test conversion (i.e., an increase in the TST result of ten millimeters or greater within a two year period)
- Fibrotic lesions (on chest X-ray) consistent with old, healed TB
- Injection drug use
- Diabetes mellitus
- Prolonged high-dose corticosteroid or other intensive immunosuppressive therapy
- Chronic renal failure
- Some hematologic disorders, such as leukemia or lymphoma
- Specific malignant neoplasms, such as carcinoma of the head or neck
- Weight that is at least 10% below ideal body weight
- Pulmonary silicosis
- Gastrectomy, or jejunioileal bypass
- Age less than or equal to 5 years
- Recent exposure to active TB disease

B. Population Risk. This is for people who are members of groups known to be at higher risk than the general population of being exposed to persons with active TB disease.

#### Conditions that are categorized as a Population Risk:

- Residency or occupation in a high-risk congregate setting* (e.g., Prisons, jails, health care facilities, nursing homes, long-term care facilities for the elderly, or shelters for homeless persons)
- Birth in a country having a high prevalence or incidence of TB\** (Including persons who are immigrants, refugees, migrant workers, or students from high TB prevalence or incidence areas)
- Socioeconomic predictors of exposure* (Persons of low income or inner city residence, and migrant laborers born in the United States)

\* Parts of the world with a high prevalence or incidence of TB include Asia, southeastern Asia, the Middle East, Africa, Latin America (including Mexico), parts of South America, parts of the Caribbean, and all countries of the former Soviet Union.

People who have BOTH medical risk(s) and population risk(s) need to be categorized under Medical Risk.

C. Administrative. This is for people who were tested for TB but did not have any risk factors. People who would fall into this category would include persons who were tested as a condition of employment, etc. but who did NOT have a risk factor for TB.

**1. Number of people with a positive TST - by category.** This is the number of people who were referred for evaluation of a positive skin test.

**2. Number of people who complete the medical evaluation/chest Xray.** This is the number of people who receive an evaluation that is complete enough to categorize them as having active TB disease, latent TB infection, or neither condition.

**3. Number with people with active TB.** This is the number of people who are found to have active TB disease that was discovered during the evaluation process (even if the person is already being treated for TB at the time of the evaluation - something we hope doesn't happen often!). Cases should meet a standard TB case definition, and should be reported. Old, resolved TB cases (whether or not they have been treated and cured) need to be counted under **Number of people with latent TB infection.**

**4. Number of people with latent TB infection.** This is the count of persons who have latent TB infection diagnosed during the evaluation process. The following criteria are required to meet this category:

- a. A positive TST (interpreted according to normal diagnostic guidelines) AND
- b. The exclusion of active TB disease through further tests or examination.

OR

- a. If a person with a negative TST is considered ‘anergic’ and IS being treated with a full-course regimen for suspected latent TB infection, then that person should be counted under **Number with latent TB Infection**.

OR

- a. Persons with latent TB infection that has already been diagnosed (whether or not treatment has been taken), or who have resolved prior TB disease (whether or not it has been treated) should be counted under **Number with latent TB infection**.

**5. Candidates for treatment.** People who have latent TB infection AND are eligible for treatment should be counted in this category. People who are not candidates for treatment because of a temporary condition (e.g., treatment deferred because of pregnancy) should NOT be counted in this category, even if treatment is planned for the future. When the deferred treatment is given, the person can be counted.

**6. Started treatment.** A person with latent TB infection is counted in this category after they receive one dose of a planned full treatment course for latent TB infection. The determination of whether the first dose has been taken is based on the best available information, which may be the person’s statement. If an individual is lost to follow-up after treatment was prescribed, treatment can be considered started if the individual was known to have picked up the medicine.

**7. Completed treatment.** The following criteria are required for persons to be counted under this category:

- a. The prescribing provider, believing that an adequate regimen has been received, discontinues treatment.

OR

- a. The person has taken at least 80% of the prescribed doses in the selected drug regimen.

Note: A provider’s decision that treatment is sufficient may not agree with typically prescribed drug regimens, but the patient should still be counted under **Completed treatment**.

**Reasons treatment not completed** - This section collects information on the reasons why persons who are receiving treatment for latent TB infection have not completed treatment. (Do not count persons diagnosed with and receiving treatment for active TB disease here.)

**8. Death.** Persons who were receiving treatment on schedule but died before completing are counted in this category.

**9. Patient moved (follow-up unknown).** Persons who do not complete treatment because they are known to have moved out of the jurisdiction of the health department should be counted in this category if follow-up information is unavailable. However, if the health department receives specific follow-up information from another jurisdiction, the person’s outcome should be reclassified accordingly.

**10. Active TB developed.** If a person who is receiving treatment for latent TB infection develops active TB disease (that qualifies as a case using the standard case definition), then their outcome is counted in this category. However, if the treatment regimen has been stopped BEFORE active TB develops for any other reason, then the outcome should not be classified here, but should be classified as whatever other reason best fit the situation.

**11. Adverse effect of meds.** If persons do not complete treatment because of an adverse effect (including drug or drug-food interactions) of the anti-TB medication, they should be counted in this group if a health care provider documents the problem and determines that the medicine should be discontinued.

Note: If a person stops taking the medicine because of an adverse effect but a health care provider has not recommended the discontinuation, then the reason for stopping treatment should be counted as **Patient chose to stop** (See below).

**12. Patient chose to stop.** Persons should be counted in this category if they decide to stop taking their medicine before they have finished their regimen, **and** a health care provider has not determined that the medicine should be discontinued for a medical or other reason.

**13. Patient lost to follow-up.** Persons whose treatment status at the anticipated end of the treatment regimen is uncertain, because the health department cannot locate them, should be counted in this category. (This is a classification of last resort.)

**14. Provider Decision.** If a health care provider determines that the treatment for latent TB infection should be stopped because of concerns about the benefits, the safety or the practicality of treatment (e.g., the individual has such poor attendance at the clinic that the adequacy and safety of the treatment cannot be monitored), then this is the reported reason.

## **Part II. Referral Counts**

People are included in this section when they have been sent to the health department to be evaluated for treatment of a latent TB infection (which has usually been diagnosed with a positive TST from a provider besides the health department).

**15. Number of people referred to the health department.** This is the number of persons who are signed up for the evaluation of presumed latent TB infection. The people need to be placed into the categories of **Medical Risk, Population Risk, and Administrative** - the criteria for placing people into one of the three categories are the same as those in **Part I**.

**16. Number of people with active TB disease.** As defined in **Part I**.

**17. Number of people with latent TB infection.** As defined in **Part I**.

**18. Candidates for treatment.** As defined in **Part I**.

**19. Started treatment.** As defined in **Part I**.

**20. Completed treatment.** As defined in **Part I**.

**21 - 27. Reasons treatment not completed.** All reasons as defined for **Part I**.